Editorial

Molecular Imaging of Inflammation/Infection: The Future of Disease Management

Abstract: In the field of inflammation/infection imaging, nuclear medicine techniques offer non-invasive tools to detect early pathophysiological changes before the development of anatomical changes detected by radiological procedures and, often, before clinical onset of symptoms. This field has been recently developed with several new radiopharmaceuticals for SPECT and PET used to define new strategies for imaging immune cells as well as pathogens.

In particular, we count now several dozens of new radiopharmaceuticals designed for bacterial imaging and new peptides and antibodies for imaging neutrophils, T-cells, B-cells and macrophages.

These may have important applications not only for diagnostic purposes but also for prognostic purposes, therapy decision making and for early follow-up of therapy efficacy, thus allowing us to define specific therapies for each individual patient.

Inflammatory disorders, infections and cancer, have a tangible impact for health and social costs. For this reason, it is advisable to establish, in each hospital, a multi-disciplinary team of experts for the management of patients with chronic inflammatory/infectious diseases, as well as for cancer patients, to optimize diagnostic protocols, therapy decision and follow-up. Nowadays, among the several imaging modalities available, nuclear medicine techniques play a secondary role after radiation-free methods such as ultrasound (US) and Magnetic Resonance Imaging (MRI). Nevertheless, a multidisciplinary approach combining radiology and nuclear medicine often represents a suitable diagnostic, prognostic, and monitoring tool in patient management. Nuclear medicine techniques, in particular, offer non-invasive tools to detect early pathophysiological changes before the development of anatomical changes detected by radiological procedures and often before clinical onset of symptoms.

Hence, this monographic issue is well-timed for providing clinicians current knowledge on molecular imaging in inflammatory disorders and infections, since an early and accurate diagnosis represents an important step to prevent serious or long-lasting complications as well as to monitor therapeutic responses.

Functional imaging with radiopharmaceuticals has been shown to detect inflammatory processes with high sensitivity and specificity and constitute the basis of molecular imaging with Positron Emission Tomography (PET) or Single-Photon Emission Computed Tomography (SPECT).

These techniques are also of great importance for therapy decision making and in monitoring response to therapy. Thanks to the possibility of deeply understanding the nature of an inflammatory process and what cells or cytokines are present in the inflamed site we are now able to decide the most appropriate therapy and to verify its efficacy.

As an example, I could mention the role of ^{99m}Tc-anti-TNFα antibodies [1-5] or ^{99m}Tc-anti-CD20 antibodies [6, 7] or ^{99m}Tc-octreotide [8, 9] in patients with rheumatic diseases, or the role of ^{99m}Tc-Interleukin-2 in patients with Type 1 diabetes [10, 11], or the role of ^{99m}Tc-labelled antibiotics in defining the nature of pathogen causative of an infection [12], or other radiopharmaceuticals in neuro-inflammation [13] and heart inflammation [14].

Along this line, many other radiopharmaceuticals have been developed and studied including those for targeting chemotaxis, cell recruitment, matrix metalloproteinase production, macrophage metabolism, angiogenesis, and several other specific against cells and soluble antigens involved in inflammatory and infective diseases as reviewed in this issue by Signore et al. [15] and Sollini et al. [16]. The approach of specific imaging of bacteria has been reviewed by Ebenhan et al. [17] whereas the new radiopharmaceuticals labelled with ⁶⁸Ga for PET imaging have been reviewed by Vorster et al. [18].

It must be clarified, however, that in some pathological condition it is not so relevant to use a highly specific radiopharmaceutical, being more relevant its high sensitivity or even the strategy used for image acquisition that could improve the disease specificity of a non-highly specific radiopharmaceutical as clearly explained by S. Skehan and M. Peters in early 2000 [19, 20] and others [21].

The understanding of the properties of radiopharmaceuticals and of the most appropriate image acquisition modality, relies on the success of the use of radiolabelled neutrophils [22-24] and on the use of ¹⁸F-FDG is certain specific pathological conditions [25-27] as also reviewed by Ankrah et al. in case of fungal infections in children [28] or as described by Keidar in case of diabetic infections [29] or by Palestro et al. in case of fever of unknown origin [30].

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